

County: Dunn

Facility ID: 2800

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DUNN COUNTY HEALTH CARE CENTER

3001 US HWY 12 EAST

MENOMONIE 54751 Phone:(715) 232-2661

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 137

Total Licensed Bed Capacity (12/31/04): 137

Number of Residents on 12/31/04: 125

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 124

County

Skilled

No

Yes

Yes

124

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.0	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		37.6	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.6	Under 65	3.2	More Than 4 Years		30.4	
Day Services	No	Mental Illness (Org./Psy)	33.6	65 - 74	8.0			-----	
Respite Care	No	Mental Illness (Other)	4.0	75 - 84	32.0			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.8	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.8	95 & Over	8.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	14.4	65 & Over	96.8	-----			
Transportation	No	Cerebrovascular	11.2		-----	RNs		17.5	
Referral Service	No	Diabetes	9.6	Gender	%	LPNs		5.7	
Other Services	Yes	Respiratory	8.0	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	16.8	Male	29.6	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	70.4				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	Yes				100.0				

## Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	1	1.3	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8	
Skilled Care	16	100.0	160	72	92.3	116	1	100.0	160	28	93.3	138	0	0.0	0	0	0.0	0	117	93.6	
Intermediate	---	---	---	5	6.4	96	0	0.0	0	2	6.7	138	0	0.0	0	0	0.0	0	7	5.6	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	16	100.0		78	100.0		1	100.0		30	100.0		0	0.0		0	0.0		125	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	4.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	1.8	Bathing	0.0	69.6	30.4	125
Other Nursing Homes	1.8	Dressing	6.4	74.4	19.2	125
Acute Care Hospitals	87.1	Transferring	23.2	55.2	21.6	125
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	15.2	62.4	22.4	125
Rehabilitation Hospitals	0.0	Eating	53.6	36.0	10.4	125
Other Locations	4.9	*****				
Total Number of Admissions	163	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	12.0		Receiving Respiratory Care	8.0
Private Home/No Home Health	39.8	Occ/Freq. Incontinent of Bladder	42.4		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	18.6	Occ/Freq. Incontinent of Bowel	21.6		Receiving Suctioning	0.0
Other Nursing Homes	3.1				Receiving Ostomy Care	1.6
Acute Care Hospitals	3.7	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.6	Physically Restrained	3.2		Receiving Mechanically Altered Diets	26.4
Rehabilitation Hospitals	0.0					
Other Locations	5.0	Skin Care			Other Resident Characteristics	
Deaths	29.2	With Pressure Sores	6.4		Have Advance Directives	84.8
Total Number of Discharges		With Rashes	10.4		Medications	
(Including Deaths)	161				Receiving Psychoactive Drugs	41.6

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 100-199 Peer %	Group Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.5	91.7	0.99	86.1	1.05	85.9	1.05	88.8	1.02
Current Residents from In-County	83.2	77.0	1.08	80.1	1.04	75.1	1.11	77.4	1.07
Admissions from In-County, Still Residing	22.1	23.6	0.93	19.9	1.11	20.5	1.08	19.4	1.14
Admissions/Average Daily Census	131.5	104.9	1.25	143.3	0.92	132.0	1.00	146.5	0.90
Discharges/Average Daily Census	129.8	104.7	1.24	144.8	0.90	131.4	0.99	148.0	0.88
Discharges To Private Residence/Average Daily Census	75.8	49.3	1.54	69.4	1.09	61.0	1.24	66.9	1.13
Residents Receiving Skilled Care	94.4	95.3	0.99	95.9	0.98	95.8	0.98	89.9	1.05
Residents Aged 65 and Older	96.8	87.8	1.10	93.5	1.04	93.2	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	62.4	67.5	0.92	71.5	0.87	70.0	0.89	66.1	0.94
Private Pay Funded Residents	24.0	17.9	1.34	16.3	1.47	18.5	1.30	20.6	1.17
Developmentally Disabled Residents	1.6	0.8	1.94	0.7	2.39	0.6	2.78	6.0	0.27
Mentally Ill Residents	37.6	45.1	0.83	32.1	1.17	36.6	1.03	33.6	1.12
General Medical Service Residents	16.8	14.8	1.14	21.4	0.79	19.7	0.85	21.1	0.80
Impaired ADL (Mean)	50.9	49.0	1.04	48.7	1.05	47.6	1.07	49.4	1.03
Psychological Problems	41.6	61.8	0.67	55.2	0.75	57.1	0.73	57.7	0.72
Nursing Care Required (Mean)	6.6	7.1	0.92	7.9	0.84	7.3	0.90	7.4	0.89